



BRECKSVILLE-BROADVIEW HTS. CITY SCHOOL DISTRICT

"where fine education is a heritage"

EMERGENCY ACTION PLAN

Student Name _____ Date _____ School Year _____ *student picture*
Medical Condition/Allergy _____ *here*
D.O.B. _____ Homeroom Teacher/Grade _____

If you see these symptoms:

Do this:

Medication order from a licensed provider on file: _____ Yes _____ Not Applicable

Emergency Medication _____, (dosage/route) _____
should be given for _____ (reason/symptoms)
The medication is kept in _____ (location)

1. If this plan is activated, call 9-9-1-1 (Unless otherwise stated above)

2. Contact parent or guardian:

First call: Name _____ Relationship _____ Day phone _____
Cell phone/pager _____
Second call: Name _____ Relationship _____ Day phone _____
Cell phone/pager _____
Third call: Name _____ Relationship _____ Day phone _____
Cell phone/pager _____

3. Contact Health Care Coordinator, Lisa Witzke 740-4706, or Cell Phone 440-785-9748

Parent/Guardian's Signature _____ Date _____

Physician's Signature _____ Date _____

School Nurse Signature _____ Date _____